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 MAGAZINE OF THE DENVER POST

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with
dignity



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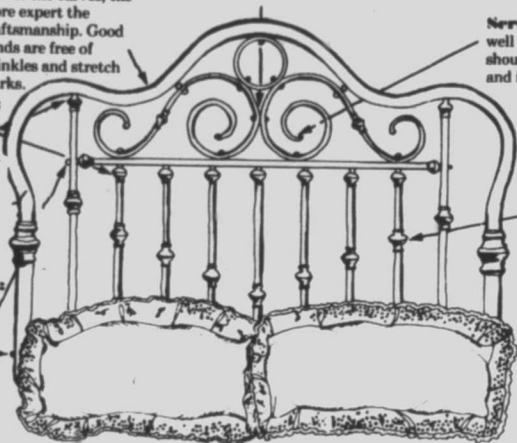
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Last February, *Denver Post* photographer John Sunderland (left in the above photo) began what turned out to be an experience of a lifetime: Practically living with people, for the next three months, who were living their last days. He recorded on film a subject that not all of us prefer to talk about: *Death*. Sunderland compiled a touching, in-depth portfolio of human beings who were dying yet refused to look at dying as depressing. To them, there was dignity in dying. This philosophy gave Sunderland an uplift, a new outlook on life, and made him wonder if he would be as cheerful as they had been when he himself faced death. All of the scenes were photographed at Hospice of the Holy Spirit in Lakewood, Colo. The hospice, as its director, Father Paul von Lobkowitz, explains, "is a place where you go to live as long as you can, as comfortably as you can." Most of the text in this special report was written by *The Post's* Patrick A. McGuire (right).



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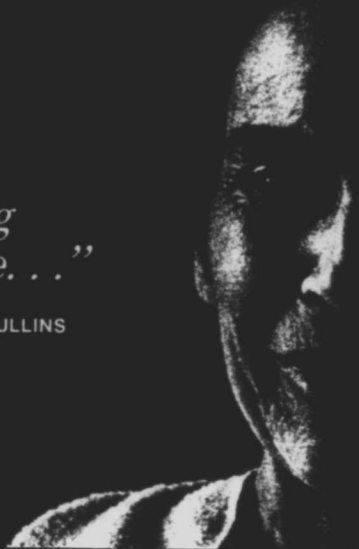


HOSPICE

Death with dignity

*"Death is
a darned
interesting
experience..."*

— DOROTHY MULLINS



Text by **PATRICK A. MCGUIRE**

Photography by **JOHN SUNDERLAND**

"DON'T SAY a word to me about what you're doing," warned a friend one afternoon when I came back from the hospice. He held up his hands as if warding off evil spirits. "I don't want to hear it."

Another reporter looked at me sympathizingly and asked: "Isn't this getting you depressed?"

Well, I hadn't thought about it, but I said I guessed it was. It wasn't until I was driving home that it hit me. I wasn't depressed. I felt pretty good. I had just spent my fifth straight day in a place where people with incur-

able diseases go to die, and here I was humming along with Waylon Jennings on the radio.

I knew a large part of it was due to Dorothy Mullins' peaceful attitude toward dying. She, more than any of the patients I had met at the hospice, had impressed me with a genuine sense of hope over her coming death.

I had my notebook on the car seat and at a red light I flipped it open to the words Dorothy had spoken to me that morning. This was minutes after her roommate, Jeannie, had died. Her words had puzzled me then. They

seemed so incongruous, so hard to know how to take seriously.

Dorothy had been sitting in her room in her usual chair, a directors' seat, padded with a pillow. Her form of bone cancer makes it almost impossible for her to sit comfortably, and she was talking about the pain.

Two feet away in the next bed, Jeannie's body lay covered with a red blanket. Her face was uncovered. Aides had just finished putting a fresh pillow case under her head.

Father Paul von Lobkowitz, the Czechoslovak monk who directs the



The wife of a hospice patient waited to talk with Father Paul (left) about her husband's condition.

hospice, always places a colored blanket over a patient who has died, feeling it offers warmth to those still living, and breaks the starkness of the white sheets. There is nothing cold in his philosophy about dying. "We're not running a mortuary," he will say in his lilting British accent.

Dorothy, her neck held rigid by the pain of her cancer, had to turn her whole body to look over at Jeannie. She had heard her calling for her husband during the night. His wife's terminal illness had hit him hard. He reacted, out of defense, with anger. Anger, for one, at being left alone in the world. The cancer had robbed her of beauty and her sight threatened him. He hardly ever visited her.

During her moments of consciousness, Jeannie had told Dorothy: "My family doesn't need me at all. They get along real well without me." Dorothy guessed, correctly, that the husband had long ago written off his dying wife and already had begun to adjust to her death.

It was a fairly heavy scene, but

Dorothy, a stubborn Kansas woman of 52, who had lived through four divorces and finished her college degree just six months earlier, managed a smile. She said she was relieved that for Jeannie, it was over.

She changed the subject then, dredging up a bittersweet story of how she once had tried to hypnotize herself to death. This was long after Dorothy's breast had been removed, long after it had developed into bone cancer, long after she had come to grips with the inevitability of her demise.

She had become peaceful, exhausted after months of fighting the cancer, and finally reconciled to dying. There was nothing the doctors could do. She said goodbye to her son, her brother, her father. The tears flowed, but Dorothy was strong.

She entered the in-patient Hospice of the Holy Spirit, quartered in a wing of Georgian House, a Lakewood, Colo., nursing home. Here, critically ill people like Dorothy, who have gone unsuccessfully through all

the known curative measures and are literally terminal patients, are encouraged to live their final days, not simply to exist, or to lay down and die.

Instead of burning up their last energy in a continual trauma over staying alive, in denying the inevitable, they are encouraged to come to terms. With God, perhaps. With themselves, at least. Maybe with both. The goal is the elimination of fear.

The trouble is, Dorothy would close her eyes at night, prepared for the end, even curious about entering a new life, but she would wake up the next morning still in Lakewood.

"My most pervasive emotion was being very embarrassed at still being alive," she said, laughing, that morning. "I began to get a little angry because I was still hanging around." She got serious and held up her gnarled fingers. "My greatest fear was living for an extended time in this condition."

She has felt mutilated, she said, useless. She always has been active,

aggressively independent, but now she needs help getting to the bathroom. So she decided to hypnotize herself, to order her soul to leave her body and get on with it.

Her eyes glistened with moisture as she half laughed and half cried, telling of her frustration when she once again woke up alive, this time after such a deep, hypnotic sleep, she actually felt better.

She had felt foolish and chagrined. Her anger and anxiety began to melt and "now, instead of appealing to the Powers-That-Be to let's get on with the show, I'm ready to say it's thy will be done. I can now tolerate lingering with some grace."

As she spoke, a tall, handsome man entered the room. Jeannie's husband. He moved to the end of the bed, stood looking down on the red blanket. He wore silver reflecting sunglasses, and, though the room was dark, he didn't remove them. Father Paul appeared out of nowhere and spoke soft words of comfort. If there was emotion behind those sunglasses, no

one in the room could see it.

And it was at that moment that Dorothy, after a painful quarter turn of her body in Jeannie's direction, delivered the words I had scribbled in the notebook: "Death is a darned interesting experience. You learn a lot. It's educational."

She had seen the husband. Seen his awkward discomfort. She remembered Jeannie's pathetic calls for him in the night. And I wondered, waiting for the light to turn green, if Dorothy's words weren't intended to cover more than just the punch line to her story.

The concept of hospice dates back to the years before the first Crusade of 1099, when pilgrims and soldiers flocked to the Holy Land to earn indulgences, perform penances and chase away infidels.

Christian traders established a mission near Jerusalem to offer hospitality to weary travelers. When the Moslems closed the pilgrims routes, the first Crusade was launched. Great European armies swarmed to the Holy Land, and reclaimed the city of Jerusalem on behalf of the Pope.

The Christian mission, operated by Benedictine monks, was quickly transformed from a mere hospitality house to a hospital. Wealthy Crusaders, many of them owning large tracts of land in Europe, were so grateful to the monks they donated their holdings. Many of them committed their lives to helping the sick. Thus was born the Sovereign Hospitalier Order of St. John of Jerusalem.

The Hospitaliers were comprised of knights who took holy vows and, when the situation demanded it, also took to the battlements to defend their faith. Although the Christians eventually were driven out of Jerusalem by the resurging Moslem horde, the Hospitaliers found their way to Rhodes and later to Malta, where they still maintain their headquarters. Their members are known as the Knights of Malta. It is to this Order of Saint John that Father Paul von Lobkowitz belongs.

Over the centuries, in spite of the interruptions caused by the various Holy Wars, the order maintained its goal of attending to the sick, especially the dying. In 1597 it established on Malta the largest hospital in Europe. The Knights were the first to unchain mental patients and to have only one patient per bed in a hospital.

By the mid-19th century, the philosophy of caring for the dying had spread. A group of Catholic women established a hospice in Lyons, France. About the same time the Sisters of Charity established a hospice in Dublin. And by the turn of the century three other hospices had been



Carefully and gently, a nurse's aide helped Tex into a chair.

established in London, all by religious groups.

Only recently has the hospice concept moved to America, where it has taken on two distinct forms. There is the approach of Father Paul, sent to the United States by his order in Malta to establish a traditional in-patient hospice. There are perhaps half a dozen of these traditional hospices in the country, run by various organizations. Most are centered in a hospital or a nursing home, though the ideal, as in Europe, is to have a free-standing, independent building.

There also is the approach of the home hospice movement, which aims to help terminally ill patients die peacefully at home. A handful of these are in Colorado, including one group in Denver and one in Boulder.

While each movement believes its way is the most practical, the American government, through its Medicare and Medicaid insurance, has chosen to cover — in most instances — traditional in-patient hospice care, but not home care.

Father Paul, trained as a nurse in Europe, came to Denver in 1976, hoping to establish his order's hospice. He had been encouraged to consider Denver by a nun from Colorado whom he met while working at a London hospital.

Because his European nursing license wasn't considered valid in America, he took a job as an aide at an Aurora, Colo., nursing home. The corporation that owned the home, Smith, Harst and Associates, liked his style and offered him a job as social worker in their Lakewood Georgian House. He then convinced the management to help him start a hospice there, by giving him space in one of the wings.

The two women who were his first hospice patients, were admitted to the nursing home in mid-November 1977. They were placed temporarily in a the regular nursing home area, but they could see across a courtyard into the hospice room, where workers were painting and redecorating. One of the women kept urging Father

Paul to hurry and finish the job so she could die in that room. There was still the faint smell of paint on the walls when she peacefully passed away in the new room a few days later.

My first reaction to the hospice at Georgian House was much like that of Dorothy Mullins' brother, who was with her the day she moved in. He burst into tears after looking around and told her, "It's just like another nursing home. . . the people here are all very sick."

Dorothy recalled that incident in a long, candid conversation, not long after I first started visiting the hospice. And not very long after I heard Father Paul telling a group of visiting students from Colorado Springs: "People start really living here. They savor life like a good wine. It's a most undepressing place. It's almost jolly at times."

His description then seemed hard to believe, almost like a real estate

salesman trying to make a shack seem like a mansion. Still, there is an intriguing difference in the 22-bed hospice wing, a difference almost immediately discernible as you pass into it from the regular nursing area.

It has something to do with the quiet, not just among staff and maintenance people, but especially among the patients. Many of them sit in chairs, either at one end of the long hallway where there is a small lounge, or in their rooms, lost in thought, looking out serenely on the passing world. They answer your hellos with polite smiles and listen to what you say with an intensity that can be unsettling. They have become listeners.

It was in the lounge area that I found Dorothy Mullins, seated on her favorite cushioned director's chair. She, as most of the patients, was eager to discuss her illness, her thoughts on dying and an afterlife. But first, she put her finger on what she felt was the most significant difference between hospice and a nursing home.

Father Paul and others already had discussed the most obvious differences. For one, all patients at the hospice have terminal illnesses with a life expectancy of six months or less. And no patient is admitted until he or she is beyond curative measures.

More importantly, Father Paul had said, hospice is aimed at providing acute treatment of the patient and his or her family as a total unit. "We treat the total person," he had said. "Body and spirit."

And he came closest to what Dorothy felt when he said "fighting a disease and keeping alive are two different things. Here you're fighting for the quality of a good day. But you don't fight for a cure. We encourage the patients to accept the physical conditions and look inside themselves to the values as to what their life has been. It's stock-taking time."

Dorothy put it in her words: "Here, they allow you to say you are dying. They don't scold you for it. In other nursing homes they deny it until they are dead. They scold them. If you say you are ready to die, no matter how much pain you have, you're supposed to fight until the last breath. You're not supposed to relax and die."

Elizabeth Kubler-Ross, in her book on the stages of dying, describes the levels of reaction a patient experiences when he or she learns they have a terminal illness. First comes denial, caused by shock and leading to isolation. Then comes anger, usually followed by a less angry bargaining stage in which the patient



Pauline Simonson (foreground) received an affectionate hug from a nurse's aide.



There is much time to think, and Tex was no exception as he pondered a question.



Mary Lycas, a hospice volunteer, took the time to console one of the new patients.

hope is pretty great," she said, "but when you get to that stage someone is always trying to talk you out of it."

Her acceptance of her pending death, she said, has angered her relatives, including her father. "They keep calling me with people they know in total remission, people who have taken Laetrile, who are now all right. My father said 'Well they told me I wasn't going to make it many times but I didn't lay down and say death come get me.'"

"It doesn't help," she said, admitting that she has wavered between depression, bald acceptance and joyful hope. "At times I have felt very peaceful. I've done what I can to get well. I can't do anymore."

She has had to argue with her loved ones that her acceptance of death doesn't mean she has given up. "Accepting the inevitable depends on your philosophy of what you think life is all about. If you think this is all it is, that when you die it's just oblivion, then it's giving up. But I'm curious to see what comes after. I'm anxious to see what comes next. I've always believed in an afterlife. It's more like graduation to me."

That term, graduation, is heard often at hospice. Some patients refer to death as a promotion. But that whole idea of death as something devoid of fear and wrapped only in hope, takes us unavoidably into areas of religion. Areas that are anathema in many social conversations, almost as avoided as talking of death itself.

Rather than religion, though, there is constant talk at hospice of spirituality, something that isn't forced on patients, but always held out as the one likely bridge between this world and whatever lies beyond.

A very religious woman who is dying at hospice may have her personal sense of spirituality. But so, too, an agnostic middle-aged man may have a sense of spirituality. His might seem more unlikely, but when he has taken stock of his life, faced as he is with imminent death, he may feel comforted that he has lived a fair life, or that he has at least done his best to patch things up with those he has offended. He ends up feeling a sense of wholeness.

Father Paul argues that preparing the deathbed with clean sheets, or offering a caring touch at the right moment, is just as valid a form of prayer as those printed on the backs of holy cards. So, too, he believes, the existence of a spirituality rooted in a peaceful acceptance of one's life, can be all things to people of all faiths. In the end, he notes, a person's spirituality is a private matter between him and his God.

may desperately try to appeal to God for more time, in exchange for promised good living. Depression often is followed next by what is called the "quiet acceptance" of the inevitable death.

Father Paul likes to edit this list, adding his own first and last stages. First he says comes panic, even before the shock and isolation. "We don't understand how much terror a person goes through when he first is told," he says.

And last, he argues, even after the "quiet acceptance," is a stage of "joyful hope."

"But not in a gooey sense," he adds. "It's more an assurance of a continuity after death. What we see as heaven is immaterial. It's that you are not ended when you stop breathing in

that bed. The quiet acceptance is a negative approach to life and death. It's 'Okay, I'm going to die.' In a short time you go back to depression."

These stages are not a set pattern, says Paul. He has seen patients waver between denial and acceptance, between quiet acceptance and joyful hope and depression.

And adding more pressure to the patients in their struggles to reach an acceptance, is the reactions of their relatives. Such was the case with Jeannie, who apparently had reached the stage of "joyful hope." The one loose end that added to her mental trauma, though, was the inability of her family — her husband — to support her.

And such is the case with Jeannie's roommate, Dorothy Mullins. "Joyful





Having said that, it is interesting to note that religious services are banned at hospice. In fact, religion is never mentioned to patients by staff or volunteers or even Father Paul, until the patient requests it first.

That may seem incompatible with not only Father Paul's religion — Roman Catholic — but with his belief that hospice cannot exist properly without a Christian orientation.

But, he says, "We're not here to push religion." The primary purpose of hospice, he repeats, is to allow a patient to meet death with dignity and without fear. That means without pressuring a patient to accept a certain religious doctrine.

"Just because I happen to believe the Christian story is true is imma-

the man began converting to several other religions, almost a new one every day.

"I became very up-tight, very threatened by this," Father Paul says. He began tending to this patient more than usual, getting into questions of religion. "Finally, though, my staff said to me, 'Father, why don't you just back off. Leave the man alone. Let the good Lord get in there on his own.'"

He took the advice and both priest and patient found a new peace. The man died a few days later "between the commode and the bed" in the company of staff, but, "very much in charge."

The hospice's philosophy on not resuscitating patients or applying "heroic efforts" to save them during the moment of death, hasn't set well with some Protestant ministers. While families of dying patients may have agreed to the principle that death should come naturally and with dignity, many of them have been nearly badgered, according to Father Paul, into ordering last minute resuscitation because of the beliefs of their ministers.

"We had one patient dying, a bachelor, and his minister got on the phone to his sister and said that if he hasn't awakened and called for Jesus, to get him on the resuscitator," he says. "If he didn't call for Jesus he wouldn't be saved."

The sister refused the resuscitation and the minister refused to bury the brother, telling the family his soul had gone to hell. Father Paul performed the funeral service. "I've buried more Protestants than Catholics because of ministers who refused to bury them," he says.

"These people are dying of a terminal disease. When the good Lord calls, it's time to go. If a patient develops pneumonia, we treat it. We comfort the patient. But we do not use artificial means to prolong life."

Father Paul likes to tell visitors who raise questions of religion that while two-thirds of them enter hospice without any spiritual awareness, "we've never had a patient die an atheist. We've had them die agnostics, but they have never died frightened."

"Her name was Mercy," said Betty Thom with a warm smile so familiar to the patients at hospice. She is one of the corps of volunteers who donate hours each week to caring for patients and giving the hospice yet another major difference between regular nursing home life.

She was seated on a bench beneath a small tree in a courtyard of Georgian House. I had just asked her what it was that had changed her mind

about assisting the dying.

Because there was a time when she didn't think she could stand to be around such people. That was a few years ago, when she and several others who are now hospice volunteers, were members of St. Mary's Episcopal Church. A woman in the parish was dying and some church members had tried to comfort her, but knew very little about what to do.

It wasn't long after that that a monk — Paul von Lobkowitz — came to their church and told them of his hopes for starting a hospice. Betty, among others, was immediately interested. She offered prayers, even attended the training sessions offered by Father Paul. But she told him she didn't think she could handle being around dying people.

"I figured with my stomach and what I had heard about the unpleasant odors associated with cancer, there was no way I could physically handle it," she says. "I knew I couldn't handle it. I wasn't even willing to think about my own death."

She glanced down at a large spiral notebook that bears the names of the 271 patients who have died at hospice since its opening. She found the name of a woman named Mercy and smiled. "After our training session one day, Father Paul told me there was a woman who was dying and who wanted someone to pray with her. I looked at him and I said, 'I told you I'm not going to do that.'"

But she did. She found Mercy in her room and immediately her worst fears were confirmed. "She was vomiting... she had open cancer wounds and there I was hugging her. The very thing I was afraid I could not do happened right away. We prayed... You know, you communicate with God through those prayers and he said to me, 'Now, was it so hard?' What is that prayer, 'in your weakness is my strength.'"

Once, after a patient had died, a family member confronted Father Paul in the hallway, and asked why he hadn't said any prayers in the room. "But I was touching him, stroking his head," he replied. "Touching is a form of prayer, and all prayer is, is love, expressed between two people."

That theme of touching, of holding, is one of the mainstays of hospice. It is a theme Paul explains regularly to his staff of volunteers during their regular monthly meetings at his home.

It is also a theme that runs the risk of being misunderstood. To an ethics class visiting hospice not long ago he said: "We do a lot of touching here. But there's a very fine line in touching. This country is murderous. Peo-



There is time for reading, too, and a popular choice is the Bible.

terial," he says. "The Christian faith teaches a responsibility to each other, whether a patient is an atheist or not."

Besides, he says, it is nearly foolish to try and force a religion on a patient who knows he or she is dying. "Anyone in extremis knows the difference between religion and spirituality," he says. "It's the one time you don't fool yourself with a spiritual belief. You've got to be very low key religiously. We're too much concerned with where the person is right now. We don't have time for religiosity."

He learned that lesson the hard way, he says, with the case of a middle-aged man who came to hospice ostensibly a Catholic. It turned out that the man had converted to Catholicism years earlier as a kind of insurance, but that he had no real belief in the Catholic faith. During his days at hospice, as death came closer,



Nearing death, Joseph Gulick was comforted by, from left, a family friend, his wife (touching his face) and Father Paul.

ple tend to think of touching as sexual. They don't understand you can have sensuality without sexuality."

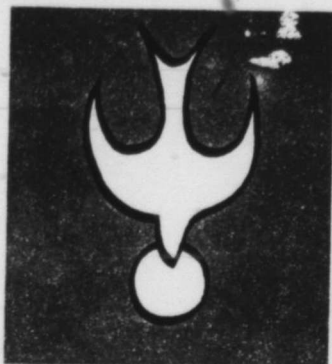
The entire body is tactile, he further explains. "When we come out of the womb we have to be touched, handled, or we will die. As we grow, we lose this. Social pressures limit touching to certain areas that are considered respectable. We end up shaking hands. The body language says 'don't come close.'"

By the time we are teen-agers, he says, we have lost a lot of touch. We are frightened by its stimulus. The anti-touching feeling gathers momentum. Tension builds. We become overconscious of touching and when we do touch, we feel nervous, up-tight.

"But when you are with people who are dying," he adds, "touching is so much easier, especially when you don't talk. You pass on so much by a stroke of the hair or holding a hand. It's much more important than words."

In looking for volunteers, Father Paul says, "you need ordinary people who are not afraid to show how they feel about people. If you sit on a bed and a patient cries and you cry too, so what?"

Father Paul wishes that more people could accept his perspective on



touching. A reason they don't, he says, "It makes you very vulnerable. Your emotions are on the line. But when you die, you want your emotions on the line. You want to be a real, full living person."

Because many cancer patients often feel ugly and dirty and unlovable, the act of touching by a volunteer staff takes on great importance. But often, the patient has had little physical contact with friends or relatives. The sexual aspect of their lives has certainly ended, although not always because they are physically incapable. There is an actual fear on the part of many relatives, says Father

Paul, that cancer can be transmitted by intimate touch.

But in spite of a patient's grim appearance, he says, "we still want to be liked and, in a sense, desired physically as well as mentally. You see this with the ladies who primp up and wear wigs and do their nails. They have a deep physical need to be physically appreciated."

It is out of this need that Father Paul plans to include what he calls patient control rooms in the new hospice building that he and a group of fund raisers hope to begin planning this fall.

The rooms would allow a patient and a spouse to share a bed in privacy. "They could help each other undress just like they would at home," he says. "And while it's most unlikely they would be able to perform sexual acts, physical intimacy can calm down nerves and probably pain as well. They would have less distress."

Hospice is meant to be "a lot of healing . . . healing of memories, of wounds, of family problems," he adds. "And a lot of healing goes on around here without throwing a lot of holy oil around."

The elements of friendship and emotion, though, are elements Father Paul feels should be restricted to the volunteer staff. The professional,

paid staff at hospice can't afford the luxury, and still maintain their objectivity.

Two complete professional staffs have already mentally burned themselves out and asked to be replaced in the 18 months hospice has been open. It is tough to find nurses and aides who can handle the mental pressures of such a unit over long periods of time.

Thus, he says, he is wary of nurses "who get very palsy" with patients. "You find nurses who need their patients," he says. "You get some of them sneaking back in at night because they think there's no one who can care for a patient like they can. But they cannot help the patient that way. The patient ends up getting a phony relationship. And the nurse goes to pieces when the patient dies."

A nurse himself, he says "we are professional people. We need a balance. We can maintain a professional friendship with our patients. But they don't have to be involved beyond normal."

Still, there's one nagging thought: Wouldn't it be better to die at home than in a strange institutional bed? The surprising answer from Father Paul: Yes. A quiet death at home remains the ideal, but often cannot be the reality. "It is becoming less and



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less practical to die at home," he says.

The reasons, he believes, are obvious. "You need a primary care person 24 hours a day. You need sufficient funds and a large place to do a job physically well.

"The emphasis has to be on care," he says, "but maybe we cannot, as family members, personally do that." Families, he notes, are more spread out than 25 years ago. "Husbands work, grandmothers can't take the noise of the children. You're pressured and exhausted caring for an invalid. Being human we are not saints. We get bad tempered and bitchy."

It all adds to the discomfort of the patient, he says, and stands in the way of peace. Eventually the patient, too, may feel guilty at causing so much trouble.

While Father Paul says 80 percent of the work of hospice is spiritual — or in the broader sense, pastoral, seeking to tend to body and spirit — the only thing that makes that possible is perfect nursing care.

Terminal patients usually enter hospice in severe pain. It isn't unusual for them to arrive by ambulance, unconscious, but to be awake and alert and seemingly better in a matter of days.

It is the only condition in which

they can consciously understand their lives and reach some inner peace, he says. And it is done by first attacking the pain, controlling it, but only in a way that does not reduce alertness.

"We want the patient to remain in total control," he says, "freed from the trauma of just staying alive."

Many patients, under a doctor's prescription, take a mixture known as "Brompton's cocktail," a blend of morphine, cocaine and alcohol. It isn't required, but it does erase the pain. Pain that is felt not only through the nerves, but which prevents the patient from a reasoned stock-taking.

"It's like a firecracker," said Jim Moore, a 52-year-old man suffering from a cancerous brain tumor. "It goes boom, and it flares out." An elderly woman named Josephine, who died recently of intestinal cancer, described the pain to me this way: "Man when those things strike, you can't believe it. It's just terrifying, they hurt so bad."

Such medication is administered not when the pain occurs, or the standard "as need basis" of hospitals or nursing homes, but on a regular schedule aimed at keeping the patient free of the pain as much as possible.

Father Paul feels that the acute

care offered by an in-patient hospice is something hard to find in a home setting. Thus, part of his work is dealing not only with the patients, but with the parents, the wives and husbands, offering grief counseling, trying to convince them that guilt need not be felt.

"We teach the family to go on living, not just existing while the patient is here," he says. "And without guilt. Because the patient is cared for. When the family members come in to visit, they are fresh, not exhausted. And the patients, if they are elderly, haven't had to suffer the indignity of having their children become their mother or father."

But it isn't just sons or daughters or mothers or fathers from established families that turn to hospice. Several patients, at any given time, are people with no family, with no traditional home. They are people who would die alone, probably in fear, says Paul, if not for something like hospice.

Jim Moore was one of those. Healthy all his life, he was stunned three years ago when doctors discovered the tumor. He remained confident he would beat it and laughed when the few months the doctors had given him passed, and he was still alive.

But if they were wrong about the time, they weren't about the tumor. As time passed, Moore, a hard-living traveling man, proud of his independence, got worse. A Benedictine nun, Sister Marilyn Carpenter, who had met him during his trips to St. Joseph Hospital for chemotherapy treatments, became concerned when the hospital discharged him, saying there was nothing more it could do.

She found him living alone in a Capitol Hill apartment. He had fallen several times in his apartment and had eaten little. The nun had worked with Father Paul in the past, and convinced Jim to try living his last days at the hospice.

His arguments about wanting to remain independent quieted when Sister Marilyn, watching him crawl on the floor to reach a chair, asked him "Jim, what independence is this?"

Several times in the car, on the way to the hospice, Jim, with tears in his eyes, asked: "Why are you going out of your way for me? I'm nothing."

It's a question Father Paul seeks to answer for every patient, every day. "We want them to know they are valued," he says. "We want them to die alive."

Like this, Father Paul says. Life

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was slipping through Norma's fingers and she wanted some answers. All she ever wanted, she cried out to the priest, was one man to love her. And all she'd ever had was sex.

That's when the priest knew she was starting to think of herself as beautiful.

She had come into the hospice tough and hostile, hating the world, cursing, damning, lashing out. She had been angry at men all her life, something traceable to her father, who was 78 when she was born. He died shortly after, leaving her with a 19-year-old mother.

To Norma, it was a desertion and all of her relationships with men from that point had been negative. She had placed impossible demands on them and turned vicious and then deserted them. She was right in the middle of a self destructive life, wreaking revenge on the world, when she found out her life was ending.

Now, as bitter as ever, she lay dying of abdominal cancer, a 40-year-old woman convinced she was the world's ultimate sucker victim.

She had been in and out of a lot of beds in her life, searching for something she never quite found. The priest, especially this one, a Bohemian monk with a polite English accent, she hated more than other men. His vow of chastity, his monk's robes, gave her no vulnerable attacking point. So she taunted him by calling "eunuch!" when he came near.

This was her favorite game, but a game that became more pointless and less necessary as her last days played themselves out. Perhaps she didn't have the energy anymore to keep fooling herself. Or, perhaps, as the priest believed, she had come to see an existence beyond the life she was now ending.

She put her hand on her stomach and cried to the priest that what she had really wanted inside all her life was a baby. She had waited until she was dying to discover how beautiful life could have been.

She changed after that. She had once been a nurse and now she began helping the others in the hospice, offering kind words and performing little errands. She had faced her life and her greatest hate — herself. She found something worth loving for a change.

And then one day as the priest brought a tray to her room, she said: "I feel tingly, Father. I think it's going to be today."

The priest, who had warded off her sharpest barbs with his sense of humor, laughed, and said: "I should be so lucky. You'll be here until you're a hundred."

He turned to set the tray down and when he looked at her again, she was gone.



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Peter's eyes seemed to speak as he met with Father Paul during his first interview at the hospice.

PETER

October 31, 1938
April 4, 1979

By JOHN SUNDERLAND
The Denver Post

FATHER PAUL was seated in the corner of his office with the telephone receiver pressed to his ear. He glanced up and covered the mouthpiece with his hand long enough to intone, "Peter died last night."

I left Father Paul's office and went to the cafeteria to reflect on Peter's death.

My thoughts carried me back to a Saturday afternoon in March when I accompanied Father Paul von Lobkowitz to a small apartment building in Denver's lower Capitol Hill. He had been asked to interview a potential candidate for hospice named Peter Aitchison.

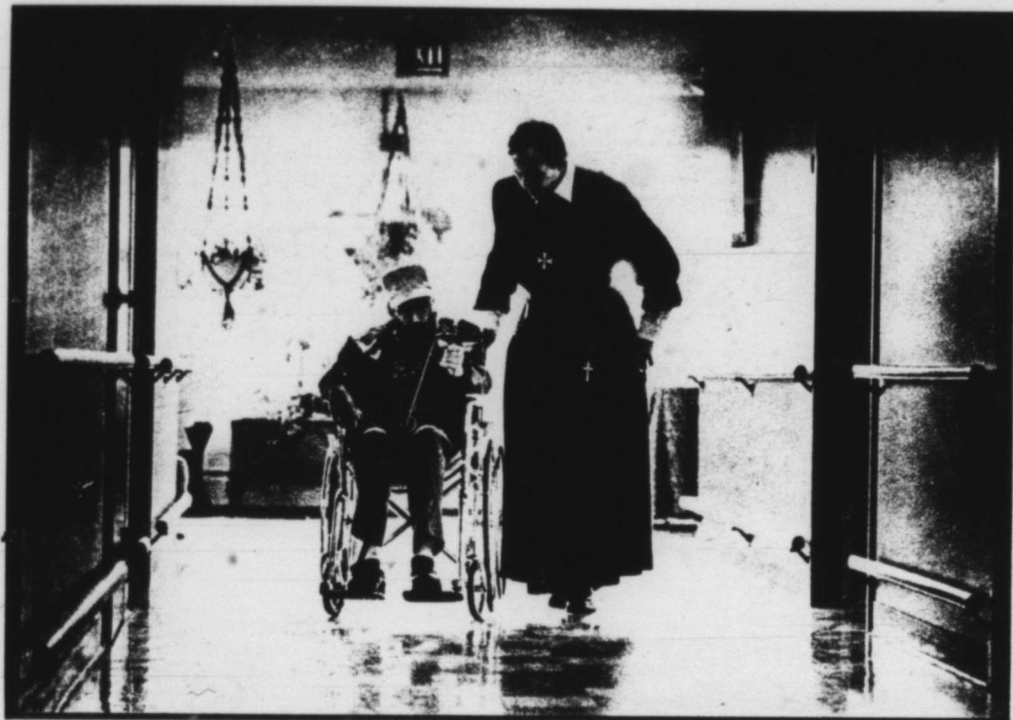
Father Paul had done many such screenings in the 14 months he had been administrator of the Hospice of the Holy Spirit. This was my first.

After a brief conversation with the apartment manager, we were directed to Peter's apartment. After Father





Father Paul quickly summoned an ambulance after finding Peter semiconscious on his apartment bed.



Father Paul talked with Peter as he wheeled him down a hall at the hospice.

'It's a place where

Paul knocked briskly, we waited as we heard slow, shuffling footsteps approaching from behind the door. A few uncomfortable seconds later, the door opened, revealing a small, fragile man with a dark, full beard struggling to hold his balding head erect. Father Paul spoke first:

"Mr. Aitchison . . . I'm Father Paul from the hospice."

His words echoed down the dingy hallway, mingling with the squalls of a child and the sweet-sour scent of pine disinfectant.

After Peter motioned us to enter, he said: "It's an awful mess in here. I'm saving cans, as you can see, for recycling."

He escorted us through a maze of magazines, discarded papers and aluminum cans. He settled into a ragged, overstuffed chair near an end table littered with prescriptions and cigarette butts. Father Paul sat in a kitchen chair facing Peter. "How long have you been sick?" he asked.

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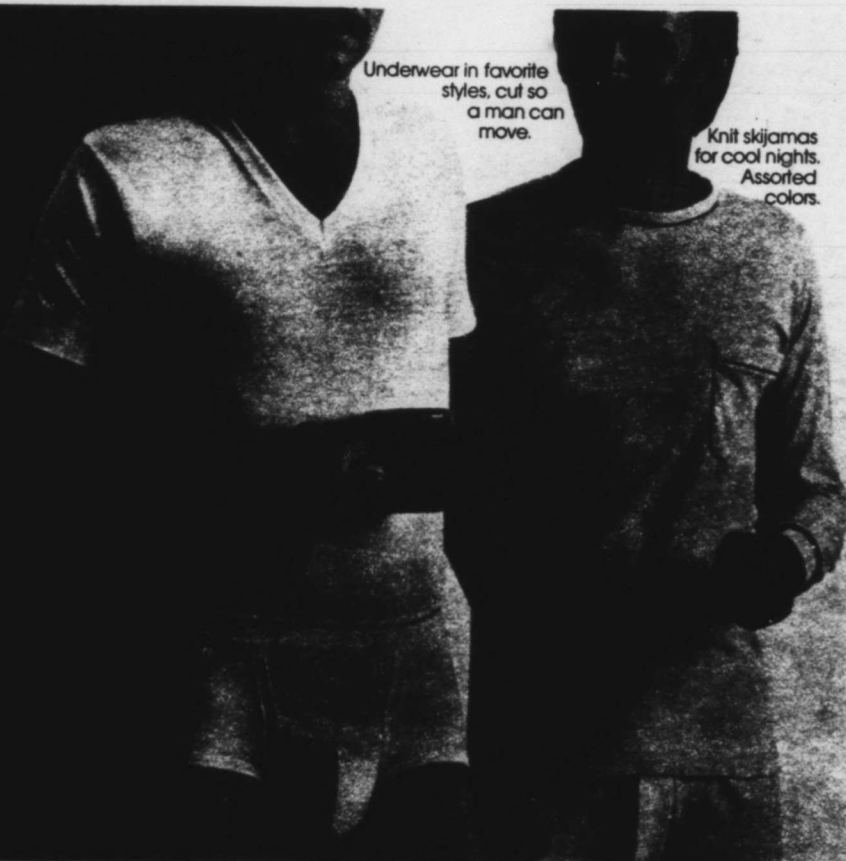
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you go to live as long as you can'

"They diagnosed it last May (1978) as oat-cell carcinoma," responded Peter. "They gave me two years, and actually, the doctor told me just lately that I've got about 60 days."

"Are you frightened?" asked Father Paul.

"Sometimes I have anxiety attacks. That's why, with doctor's permission, I have beer on hand."

"Do you have any family or friends in Denver?" asked Father Paul.

"No," answered Peter.

"Did the social worker tell you what a hospice is?"

"Well, from what I know about it, from what I've heard on TV, it's a place for people to go to expire . . . with a little dignity."

"Not quite," Father Paul interrupted. "It's a place where you go to live as long as you can, as comfortably as you can. Eventually, you know, we're all going to expire, but it's not death alley."

"Oh, no, no. I've yet to reach that

point. Sometimes, like I say, I get anxiety attacks because, well, I'd like to . . ."

Peter hesitated, struggling for words to explain what he was feeling. He looked up at Father Paul and continued:

"I'm 40 years old, and I would like to get into a place where I can, well, expand my life a little. I've wasted a lot of life."

"What did you do before?" asked Father Paul.

"I drank," Peter replied.

During the next hour, Peter talked about his life, leading up to the diagnosis he had cancer. After a brief marriage, he had been involved with another woman for eight years. He had driven a truck and worked as an offset pressman to earn a living.

After his cancer was diagnosed, Peter recalled having seen a television program explaining the hospice concept and thought he would like to spend his final days in such a place.



No longer able to walk, Peter became depressed about using a wheelchair as he waited in silence at the hospice.

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He was afraid of dying — alone



A volunteer (left) and Father Paul comforted Peter soon after he was admitted to the hospice.

However, having been independent most of his life, he struggled with the idea of giving up his apartment and whatever meager comforts it afforded. But his worsening condition made it more and more apparent he could no longer care for himself, that he needed supplementary care.

Father Paul assured Peter no pressure would be exerted upon him to move to hospice and encouraged him to visit the facility so he might have a better understanding of the hospice alternative. Peter agreed.

Near the close of their conversation, Peter told of the many nights he had sat in the same overstuffed chair and cried. His tears weren't tears of self-pity, but of fear — that he would die alone and unnoticed.

Two weeks passed before Peter telephoned Father Paul to arrange a visit; it was decided an Amb-O-Cab would bring him to hospice that day.

The Amb-O-Cab appeared shortly before noon and a thinner, quieter, paler Peter Aitchison emerged in a wheelchair. He could no longer walk.



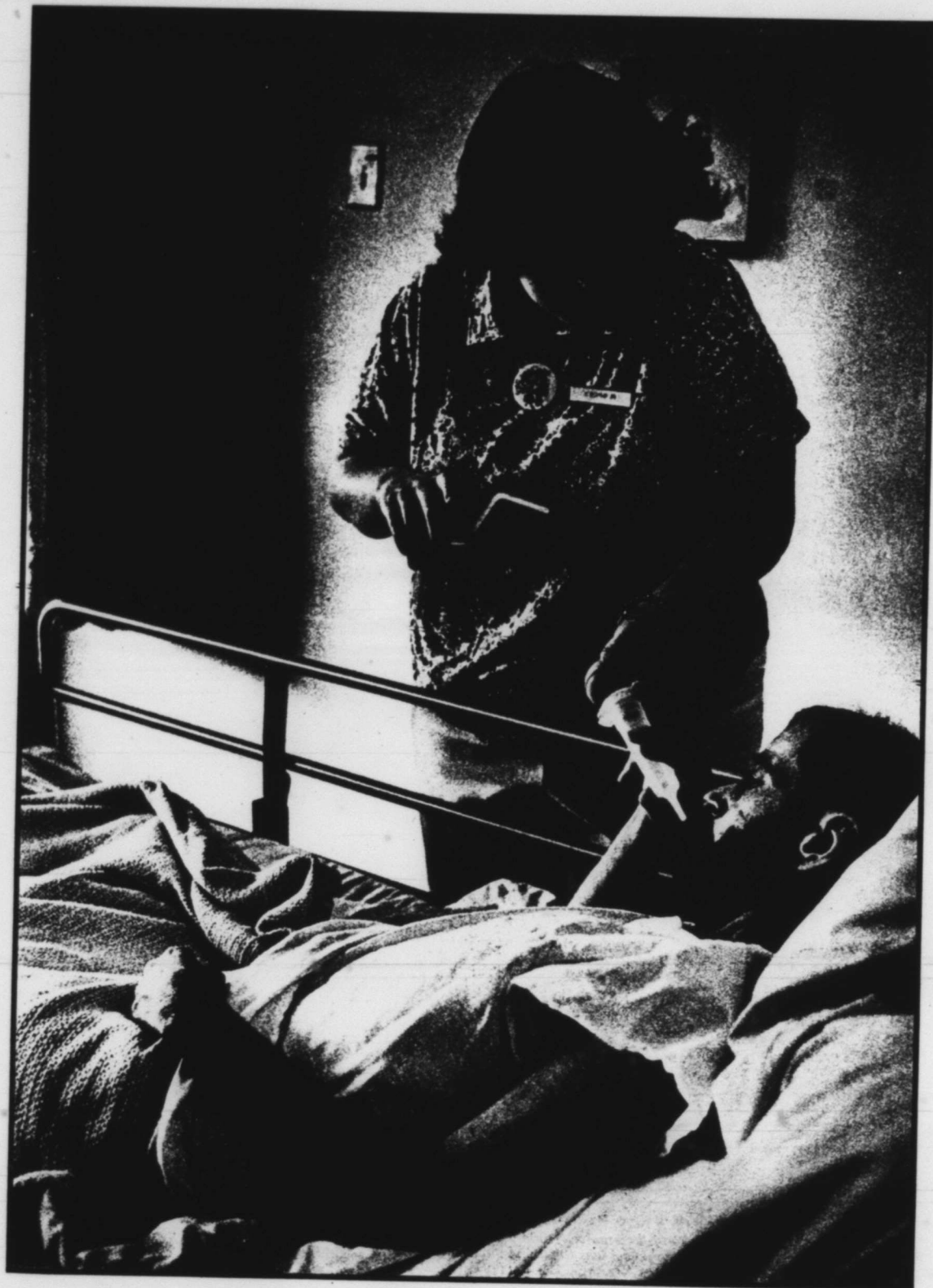
Although he was barely able to hold it, Peter enjoyed smoking a cigarette.

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Using a bulb-type syringe, a nurse's aide fed Peter a cold beer because he was unable to hold the can himself.



Father Paul prayed over Peter's remains at lonely graveside services at Fort Logan National Cemetery. Behind and to the right of the priest was the man who delivered Peter's ashes from the mortuary.

Few mourned him, but his death hasn't been forgotten

his voice was barely audible and his eyes rarely moved from their fixed stare. After the tour, the two stopped in the patient lounge where Father Paul purchased Peter a soft drink, and they discussed Peter's situation.

After repeated assurances from Father Paul, Peter agreed to move from his apartment to hospice the following week. Meanwhile, he needed to organize his belongings and straighten out some personal affairs. He was returned to his apartment later that day.

Four days after Peter's visit to hospice, Father Paul received an urgent call from Peter's social worker. Peter's condition had worsened, and she asked Father Paul to look in on him.

Within minutes, Father Paul and I were driving across town toward Peter's Capitol Hill residence. When we arrived, there was no response to our frantic knocks on Peter's door. We tried the door. It was unlocked, and we went in.

Peter was semiconscious, sprawled on his daybed amid a clutter of stale food, spilled liquids, papers and the aluminum cans. One look and Father Paul was on the telephone arranging for an ambulance to transport Peter to Denver General Hospital. Soon two paramedics were in the apartment checking Peter's vital signs.

Following a brief telephone call to medical personnel at the hospital, it was decided Peter would be processed through DGH and transferred to a private ambulance, which would take him to the hospice. (This procedure was necessary because DGH ambulances can't operate outside Denver County, and the hospice is in Jefferson County.)

Hospice medical staff had been alerted to Peter's arrival, and preparations were being made. Within two hours, a private ambulance bearing Peter and Father Paul arrived at the emergency entrance to the hospice wing. Peter was wheeled to his private room, where a combined force of

nurses, aides and volunteers bathed his frail body, clothed him in clean pajamas and made sure he was comfortable.

During the next few hours, Peter was visited by his social worker and various hospice personnel. He requested and was given a cold can of beer. A nurse's aide fed him the beer orally, using a bulb-type glass syringe because Peter was too weak to hold the can or open his mouth. He smiled occasionally and drifted in and out of sleep. When I left hospice that evening, Peter was resting comfortably.

Less than 10 hours after his admission to hospice, Peter Aitchison died. The night nurse who was with him said he died peacefully.

Peter was buried at Fort Logan National Cemetery. In addition to myself and Father Paul, one other person attended his funeral . . . the man who delivered his ashes from the mortuary.

A steady rain pattered the roof of the plexiglass shelter as Father Paul prayed softly over Peter's remains.

Following a few moments of silence, a hefty man in a yellow rain slicker and hard hat appeared at the entrance of the shelter. He picked up the box of ashes and carried them to the gravesite.

After Peter's remains were interred, Father Paul joined the man at graveside. He knelt momentarily, arranged a small cluster of flowers over the grave, blessed himself and returned to his car.

In the weeks following Peter's funeral, I thought about him frequently. I watched pieces of Peter's life materialize in a stainless steel tray of developer as I printed photographs for this story.

And I thank him now, as I have silently thanked him many times, for sharing with me what I now share with you . . . the hopes and fears of a dying man.

Peter Aitchison did not want to die alone and forgotten.

He didn't.



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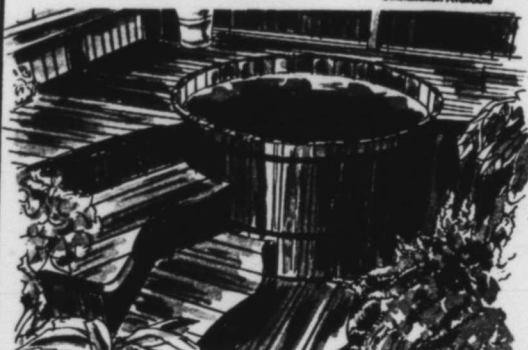
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Father Paul listened intently as he conversed with a prospective client for admission to the unusual hospice.

PAUL

A survivor

By **PATRICK A. MCGUIRE**
The Denver Post



A dying man and his grieving family were comforted by Father Paul.

FIVE YEARS AGO, the ultimate of ironies confronted Paul von Lobkowitz, prince of Bohemia, duke of Raudnitz, knight of Malta, Augustinian monk.

Trained in Europe as a nurse, he had spent most of his life as a calm professional, specially skilled in consoling and comforting the dying. But then a doctor told him that he had six months to live — he himself was dying of cancer.

He did what almost any human

will do when told he is dying. He panicked.

"I became like a jelly," he recalls. "All of my training fell off. We underestimate the terror a person goes through when told he is dying."

But then, perhaps of a mind to fight irony with irony, he turned to the memory of Mother Elizabeth Seton, the 19th century nun who became the first American saint canonized by the Roman Catholic Church. This woman always had struck von Lobkowitz as

the epitome of America, and until then he was never sure if that was good or bad.

America had threatened Paul von Lobkowitz ever since his first journey here in 1970. He had been used to the traditional, the formal, the hard-rock security of Europe.

He had been born, nearly a half century earlier, into the aristocracy of Czechoslovakia, into a family that had ruled there since 1407. Reared in a castle in Bohemia near Prague, he



During his daily rounds, Father Paul visited with a hospice patient and tried to brighten up his day.

*If you weren't
a baron you had
little chance of
entering this very
exclusive order*



Pauline Mullen drank her Brompton's "cocktail," a mixture she referred to as "snakebite medicine."



was educated by the private tutoring of the Benedictines. From age 6 on, his dream was to become a monk.

His family gave its blessings, but made sure to guide him into the Sovereign Hospitaller Order of St. John of Jerusalem, otherwise known since the 14th century as the Knights of Malta.

Though its members took solemn monastic vows and had as their credo, "serving Christ's sick poor," it was an order comprised exclusively of European nobility. Unless you were at least a baron, you had no chance of getting in.

The vocation of serving the poor had been handed down to von Lobkowitz through the tradition of the aristocracy, which benevolently regarded working for the poor a sacred duty. He grew up with memories of his mother or grandmother frequently changing out of their gowns at midnight, after a royal ball, and hurriedly leaving the castle to work a volunteer shift at a hospital or to attend to a sick peasant.

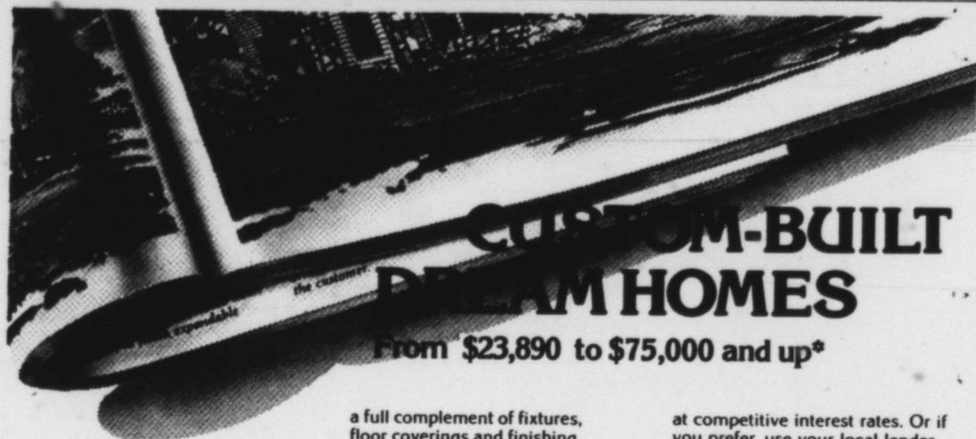
It was a rigid society and the monastic life reinforced it for Paul von Lobkowitz. Especially after he survived a two-year prison sentence imposed by the Communists when they took over Czechoslovakia in the post-war 1940s.

He remembered thinking when his family lost their estate, valued at 9 million pounds sterling, that the Communists had made it only easier for him to give up the world. There was nothing left to care for but people.

He had trained as a nurse and, after 25 years as a monk, he had risen to the high office within his order of grand prior of Europe, headquartered in Malta. The office carried with it pomp and ceremony and officialdom...and even a throne.

Von Lobkowitz had assumed this job in 1973, after a disappointing trip to America to try and open a hospice, a home for the dying. His first encounter with America had been something of a culture shock.

He found a country that seemed to thrive on its reputation as an instant success society. He liked to refer to it as a disposable society, from its many short-lived products to the relationships its people so loosely maintained with one another.



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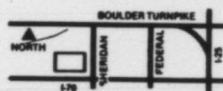
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In Europe, when asked a question or told to do something, one automatically responded, "yes." It was an unquestioning society. The Americans were different. They questioned everything.

And it was here that he found nuns wearing street clothes, and priests who found the flowing robes and cross that comprised his order's habit amusing and anachronistic. The country seemed devoid of a structure or a sense of obedience. He found it all threatening, and returned to Malta and the high office that awaited.

It was during his tenure as grand prior that he returned to America on a visitation leave. And it was in America that he became ill. And in America that he was told he would soon die.

The panic he felt seemed soothed, though, as he reflected on the life of Mother Seton. Here he found kinship. She had been a young socialite, married and well-to-do. She had mothered several children. And then she was widowed. And then a convert to Catholicism. And then she began her own order of nuns. And finally she was dead at 47. She was his idea of the classic success story, inspiring in him everything new and American. Everything he rebelled against.

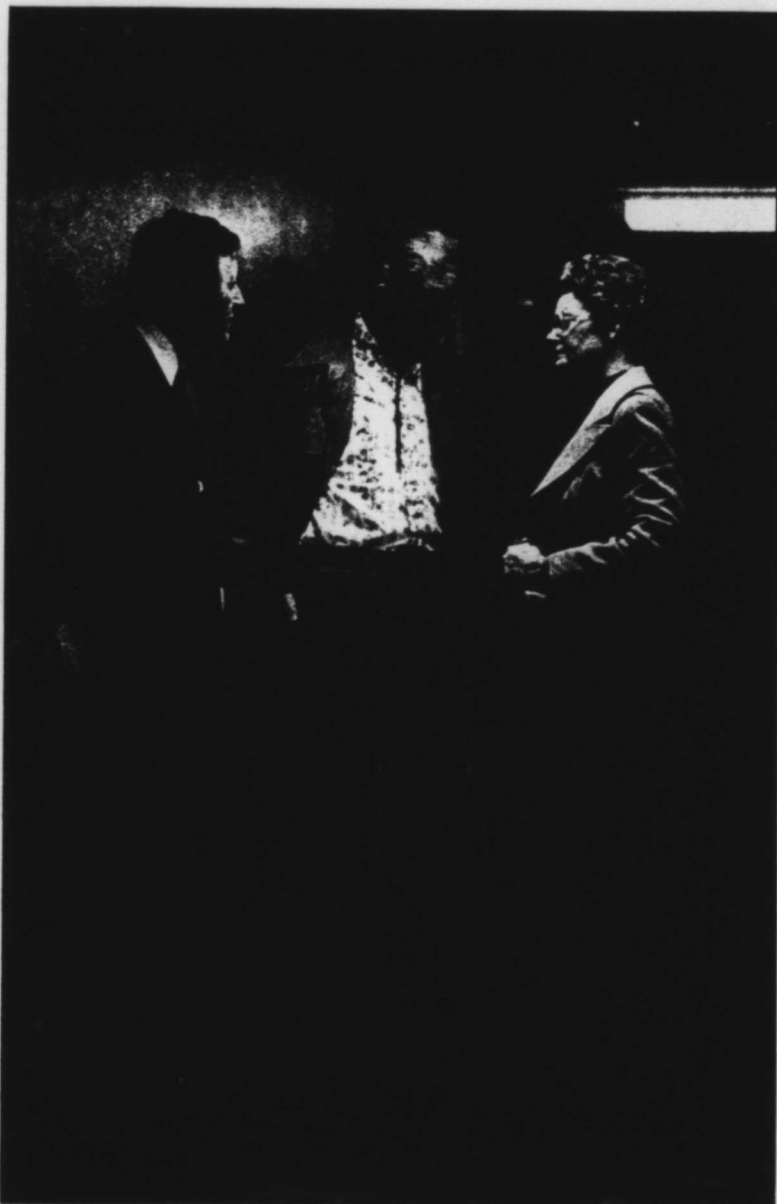
Their lives seemed to have such a commonality, that he prayed to her, and made private pilgrimage to her

grave in Baltimore. One evening, while he was visiting friends, the telephone rang. It was his doctor, who seemed puzzled. The latest tests showed absolutely no sign of cancer. Over the jubilant cries of von Lobkowitz, the doctor sputtered into the phone "...and don't give me any of that bloody miracle talk."

Von Lobkowitz returned to Malta, spent several months getting the particulars of his office in order and then resigned, convinced that America and a different life were calling. "I joined the order to serve Christ's sick poor. We're here once around to do the best we can for people. I'm a good nurse. I have the ability to work with people. I found church politics a bloody bore and did not want to sit on a throne."

His status as a retired grand prior gave him the freedom to choose his next assignment. He came back to Colorado, determined this time to carry through on his idea for a hospice. And this time around, he saw some of his misgivings about America changing.

He decided, for one, that the once-threatening habit of Americans in questioning everything was now healthy. And since Americans were more open, they more easily poured out their lives when they were dying. In European hospices, dying patients



A dying man's close friends were consoled by Father Paul. The monastic order is dedicated to serving the poor suffering from serious illness.

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A patient named Sylvia managed a smile for Father Paul.



In one of his sadder duties, Father Paul prepared to anoint a patient.

remained closemouthed, stoic to the end, making it difficult for them to accept death with peace by accepting the validity of their lives. It is hard to do that without communicating.

Von Lobkowitz also saw himself making more responsible decisions as a person, not just as a religious one. He found he could do this and not lose sight of his vows.

In December 1977, a year after his second coming to America he was ordained a priest, the first priest in the Order of St. John. Until then, the order had contracted with priests from other orders — chaplains or kapillans — to serve them.

Also in that December, he opened the hospice he had sought for so long.

Temporarily headquartered in a wing of Georgian House, a Lakewood, Colo., nursing home, he now looks forward to the fund-raising drive this fall to construct an independent hospice building in the Denver area.

His life has changed completely — culturally, professionally and spiritually — in only a few years. It is a change he is happy with. In fact, he is almost ready to apply for American citizenship. But it is also a change he still is cautious about.

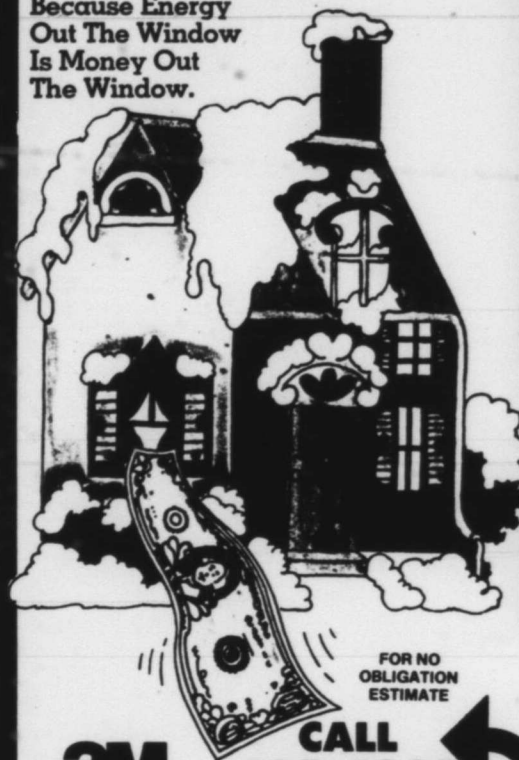
"This country helped me to become Paul again," he says. "And then Father Paul. But I've got to watch that I don't become too much Paul."

For a priest, he says, is merely an

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At graveside, Father Paul offered a silent prayer for a recently deceased hospice patient while a lone cemetery employee observed quietly.

instrument for Christ. "It can become a personality cult," he says. "People end up loving Father. It goes wrong. Before, I was too rigid, but now I'm trying to do everything in moderation. I've got to watch that I don't get too much individuality. I've got to draw people to Christ, not to me."

Which is one reason he insists on wearing his habit — his dark black robe and cross in winter and a white robe in the summer. "The habit is a good reminder for me," he says. But even his attitude toward the habit has relaxed. It is common to see him confront an American nun in street clothes now and trade friendly jests about her garb and receive equally friendly jabs at his "costume."

"I'm not up-tight anymore," he says, smiling.

But neither is he apologetic about being a monk. "My first duty is prayer and meditation," he says. "I won't even come into the hospice in the

morning until I have said my prayers and set my day right. I've got a very strong spiritual life. I'm what's known as a survivor. This hospice has burned out two complete staffs. It's something I am able to handle and function at to the maximum, but I would not be able to do it if I weren't a monk."

If he were just a social worker in a habit, he says, it wouldn't work. "I have to keep my priorities right. Prayer comes first and out of it my apostolate. If the apostolate came first, I would have to leave."

He is a man who is friendly and outgoing on the job, but a man who treasures his private time and keeps largely to himself.

At the end of each day, he goes home to the house in Denver owned by his order, and descends into the small chapel in the basement. "I go straight to the chapel," he says. "I've got to recharge. You can't sit in front of God without getting something."

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